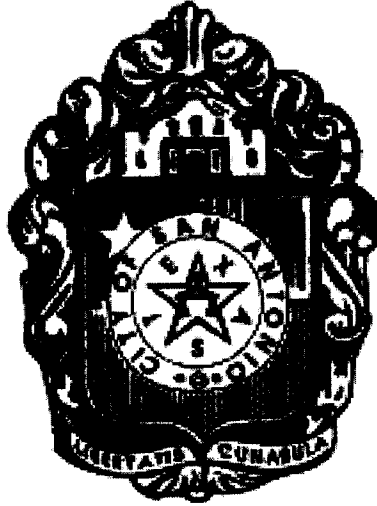


CITY OF SAN ANTONIO

PUBLIC WORKS DEPARTMENT



**REQUEST FOR QUALIFICATIONS
("RFQ")**

FOR

**PROFESSIONAL ARCHITECTURE SERVICES FOR
EMERGENCY OPERATIONS CENTER
PROGRAMMING & MASTER PLANNING SERVICES**

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I. BACKGROUND

The Emergency Operation Center (EOC) will house and unify City, County, Regional, State, and Federal departments and/or personnel for the purpose of gathering, evaluating, distributing critical information, and implementing responsive actions in the event of a natural or man-made emergency or disaster. The Center will be capable of operating around the clock for extended periods of time. The Emergency Operations Center will include a central command operations space, a media briefing room, a media operations room, an emergency planning room, administrative and support space, a technical infrastructure and computer room, redundant communications systems, and electrical generator backup systems. This facility will also house the 311 information call center. The EOC will be staffed during emergencies by the City and other governmental agencies such as Bexar County, local and regional utilities, FEMA, local military and state/federal liaisons, and other agencies with emergency response functions.

II. SCOPE OF SERVICES

The City of San Antonio desires to contract with a consultant/consultant team which demonstrates extensive prior capabilities, knowledge, and experience in establishing criteria for an approximately 35,000 square foot Emergency Operations Center. The criteria and project information developed will be used to award a future delivery and construction contract for design and building of the facility using the Design-Build Project delivery method. The firm/team selected for this initial developmental, master planning, and programming process will be responsible for, but not limited to:

1. Confirming, verifying, and enhancing the preliminary architectural space program and preliminary diagrammatic requirements based upon preliminary project assumptions and plans developed for the facility by the City of San Antonio and Bexar County representatives. Work shall include but not be limited to the following:
 - Programming data collection
 - Programming data analysis
 - Ability to facilitate programming and schematic design charrettes to gather data and convey programmatic concepts and design criteria for all aspects of the project from diverse groups and interests
 - Communication of data and concepts
 - Data organization and development of concepts
 - Evaluation of the resulting program
 - Establishing project design goals
 - Development of required space programs
 - Establishing building performance criteria
 - Evaluating site conditions and performing required site analysis to properly integrate facility and related operations to address, access, security, utilities, and required infrastructure
 - Consideration of human factors, physical factors, and external factors affecting the operation of the facility

- Preparation of developed space requirements
- Description of overall building requirements with respect to use, users, security, and purpose
- Definition of the fundamental functional, spatial, adjacency, and visual relationships among components and users of the facility
- Master planning of the overall site to allow for measures required for future growth, change, and development of the selected site into possible future campus hub for similar operations
- Summarization and identification of all building requirements affected and impacted by applicable governing codes and regulations (City and Federal)
- Development of detailed room and space program addressing physical and adjacency requirements, loading and special structural considerations, lighting requirements, security and safety requirements, and mechanical, electrical and infrastructure requirements
- Fixtures, Furnishings, and Equipment (FF&E) recommendations
- Preliminary developmental cost estimating services

2. Selected consultant will be required to participate, gather, and disseminate information to numerous invested clients and stakeholders, including but not limited to the following:

- City of San Antonio Public Works Department
- City of San Antonio Fire Department
- City of San Antonio Office of Emergency Management
- City of San Antonio Police Department
- City of San Antonio Public Information Office
- City of San Antonio IT Department
- Bexar County Public Works
- Bexar County Office of Emergency Management
- FEMA
- Brooks Development Authority
- Texas Department of Transportation
- Other state and federal agencies that may have emergency response functions

3. Consultant shall also assist the City of San Antonio in developing the required project delivery selection criteria and solicitation, and contractual documents for the hiring of a Design-Build team to complete the facility.

4. Consultant shall also serve as the City's representative throughout the duration of the project to assess program compliance and preliminary cost estimates presented by the selected Design-Build firm at the request of the City.

5. Consultant shall also serve on the City's evaluation, selection, and negotiations panel for evaluating Design-Build submissions.

The selected programming consultant and sub consultants will not be allowed to participate as members of the Design-Build team selected, unless specifically approved by the City on an exception basis.

6. Consultant team shall also be responsible for performing the geotechnical studies, the environmental Phase I studies, the property survey (including topographic and utilities), and the property platting and deed recordation services required to develop the selected property parcel.

For reference and informational purposes only copies of preliminary space assumptions and a preliminary plan of the possible center have been attached to this RFQ.

The estimated total project funds available for this project are \$24,500,000.

III. PRE-SUBMISSION CONFERENCE

A **PRESUBMISSION CONFERENCE** will be held at 100 Military Plaza (corner of Flores and Commerce in City Hall), San Antonio, Texas, Media Briefing Center, on the 1st floor on **Friday, December 19th, 2003 at 10:00 A.M.** Attendance at this meeting is not mandatory; however, respondents are encouraged to attend and to prepare and submit their questions in writing at least one working day in advance of the Pre-submission Conference in order to expedite the proceedings.

This meeting place 100 Military Plaza, San Antonio, TX is accessible to disabled persons. The accessible entrance is located off the Commerce Street entrance of the Plaza de las Armas on the west side of City Hall. To arrange for special assistance to attend this meeting, please call the Disability Access Office at 207-7243. Requests for an interpreter for the hearing impaired must be received at least 48 hours prior to the meeting by calling 210-207-7245 V/TCC for assistance.

IV. SUBMISSION REQUIREMENTS

Respondent's submittal shall include the following items in the following sequence:

1. Interest Statement (Attachment 1)
2. Good Faith Effort Plan (Attachment 2)
3. Discretionary Contracts Disclosure Statement (Attachment 3)
4. Litigation Disclosure Statement (Attachment 4)
5. South Central Texas Regional Certification Agency Certification Affidavit (if applicable) (Attachment5)
6. Signature Page (Attachment 6)
7. Submittal Checklist (Attachment 7)

Respondent is expected to examine this RFQ carefully, understand the terms and conditions for providing the services listed herein and respond completely. **FAILURE TO COMPLETE AND PROVIDE ANY OF THESE DOCUMENTS MAY RESULT IN THE RESPONDENT'S SUBMITTAL BEING DEEMED NON-RESPONSIVE AND THEREFORE DISQUALIFIED FROM CONSIDERATION.**

V. SUBMISSION INSTRUCTIONS

- A. Respondent shall provide twelve (12) copies of their submittal, **including one (1) fully executed original signed in blue ink.** All copies must be submitted in a sealed package, clearly marked on the front of the package **"Emergency Operations Center-Programming and Master Planning Services."** All submittals must be received in the City Clerk's Office no later than **4:00p.m.** local time, **Wednesday, January 14th, 2004** at the address below. Any submittal received after this time shall not be considered.

Mailing Address:

City Clerk's Office, Attn: Public Works, Capital Programs Contract Services Section
P.O. Box 839966,
San Antonio, Texas 78283-3966

Physical Address:

City Clerk's Office, Attn: Public Works, Capital Programs Contract Services Section
100 Military Plaza
2nd floor, City Hall
San Antonio, Texas 78205.

Submittals sent by facsimile or email will not be accepted.

- B. Submittal Format: Each submittal shall be typewritten and submitted on 8 ½" x 11" white paper. Font size shall be no less than 12-point type. Margins shall be no less than ¾" around the perimeter of each page. Originals shall be easily identifiable and **should be signed in blue ink.** Each page shall be numbered. Electronic files shall not be included as part of the submittal; compact disks and/or computer disks submitted as part of the submittal shall not be considered. **Each submittal must include the sections and attachments included herein as part of this RFQ and available online at <http://www.sanantonio.gov/capprog/RFQforms.asp> in the sequence listed in the Submission Requirements Section,** and each section and attachment must be indexed and divided by tabs and indexed in a Table of Contents page.
- C. Respondents who submit responses to this RFQ shall correctly reveal, disclose, and state the true and correct name of the individual, proprietorship, corporation, and /or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or shorthand, or local "handles" will be

accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under other than an individual name, shall match with exact Assumed Name filings. Corporate Respondents and limited liability company Respondents shall include their 11-digit Texas Comptroller's Taxpayer Number or 9-digit Internal Revenue Service Taxpayer number on the Signature Page.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the Signature Page, the Director of the Public Works Department shall have the discretion, at any point in the contracting process, to suspend consideration of the submittal.

- D. All provisions in Respondent's submittal, shall remain valid for ninety (90) days following the deadline date for submissions or, if a proposal is accepted, throughout the entire term of the contract.
- E. All submittals become the property of the City upon receipt and will not be returned. Any information deemed to be confidential by Respondent should be clearly noted on the page(s) where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by Respondent may not be considered confidential under Texas law, or pursuant to a Court order.
- F. Any cost or expense incurred by the Respondent that is associated with the preparation of the submittal, the Pre-submission Conference, if any, or during any phase of the selection process, shall be borne solely by Respondent.

VI. COMMUNICATION GUIDELINES

Once the RFQ has been released, Respondents are prohibited from communicating with City staff regarding the RFQ, with the following exceptions:

- A. Questions concerning this RFQ shall be directed, in writing or via e-mail, to the Capital Programs Contract Services Section, attn: Denise Shaffer, at 114 W. Commerce, San Antonio, Texas 78205 or P.O. Box 839966, San Antonio, TX 78283-3966 and via e-mail to dshaffer@sanantonio.gov. There will be no responses to written questions or to e-mails, but they will be answered by posting an addendum to the RFQ on the City's website. Verbal questions and explanations are not permitted other than during the Pre-submission Conference. No inquiries or questions will be answered if received after **4:00 P.M. on Wednesday, January 7th, 2004** to allow ample time for amendments to this RFQ.

- B. Respondent shall not contact City employees regarding this RFQ before an award has been made, except as set out herein. Violation of this provision by Respondent or his agent may lead to disqualification of his submittal from consideration.
- C. The City reserves the right to contact any Respondent for clarification after responses are opened and/or to further negotiate with any Respondent if such is deemed desirable by City.

VII. EVALUATION CRITERIA

The City will conduct a comprehensive, fair and impartial evaluation of all submittals received in response to this RFQ. The City may appoint a selection committee to perform the evaluation. Each submittal will be analyzed to determine overall responsiveness and qualifications under the RFQ. Criteria to be evaluated may include the items listed below. The selection committee may select all, some or none of the Respondents for interviews. If the City elects to conduct interviews, Respondents may be interviewed and re-scored based upon this same criteria, or other criteria to be determined by the selection committee. The City may also request additional information from Respondents at any time prior to final approval of a selected Respondent. The City reserves the right to select one, more than one, or none of the Respondents to provide services. Final approval of a selected Respondent is subject to the action of the City of San Antonio City Council.

Firms selected shall be evaluated on the teams proven experience in demonstrating their teams capabilities and knowledge with prior history and experience in the programming, design, implementation and construction of emergency management centers and in issues relating to current "Homeland Security". Consultants shall also demonstrate additional experience relevant to familiarity with sustainable design and construction practices (to the extent allowed by the budget), a thorough understanding of the communications technology and Information Technology (IT) components of an emergency operations facility, and a familiarity with requirements for implementation of Geographical Information Systems (GIS) technology. Consultants shall submit responses in the attached "Qualifications Statement."

Evaluation criteria:

- A. Qualifications (20%)
- B. Experience (20%)
- C. Quality of Service (10%)
- D. Ability to Complete the Project within Specified Time Period (10%)
- E. Previous Project Performance (20%)
- F. Compliance with Small Business Economic Development Advocacy

Regulations/Goals (20%)

Small Business Economic Development Advocacy Program (SBEDA):

1. A maximum of ten percentage (10) points for Local Business Enterprises (LBEs).

Prime contractors who have a local branch office will receive six percent (6%) of the selection points.

Non-local prime contractors can receive points for subcontracting with local businesses proportional to the amount of work performed by those local subcontractors (i.e. – 50% to local = 5 points).

2. A maximum of five percentage (5%) points for companies designated as Historically Underutilized Enterprises (HUEs). A Historically Underutilized Enterprise (HUE) is defined in City Ordinance No. 96754 as a corporation, partnership, sole proprietorship, or other legal entity that qualifies as both a Minority Owned Business (MBE) and a Small Business Enterprise (SBE), or as both a Woman Business Enterprise (WBE) and an SBE, or as both an African American Business Enterprise (AABE) and an SBE.

Prime contractors who subcontract with HUEs can receive points proportional to amount of work performed by those HUEs(i.e. – 50% to HUEs = 2.5 points).

HUEs must be certified by the City's certifying agency or approved by the Director of Economic Development or designee.

3. A maximum of five percentage (5%) points for Prime Contractor compliance with the Small Business Economic Development Advocacy (SBEDA) policy:
 - i. One percent (1%) for submission/approval of the Good Faith Effort Plan.
 - ii. One percent (1%) for meeting/exceeding the MBE goal.
 - iii. One percent (1%) for meeting/exceeding the WBE goal.
 - iv. One percent (1%) for meeting/exceeding the AABE goal.
 - v. One percent (1%) for meeting/exceeding the SBE goal.

SBEDA Goals are included as part of this RFQ in Attachment 9, Section 3.

VIII. ADDITIONAL INFORMATION

- A. City reserves the right to award one, more than one or no contract(s) in response to this RFQ.
- B. The Contract, if awarded, will be awarded to the Respondent(s) whose submittal(s) is deemed most advantageous to City, as determined by the selection committee, upon approval of the City Council.
- C. City may accept any submittal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFQ on the part of City. However, final selection of a Respondent is subject to City Council approval.
- D. City reserves the right to accept one or more submittals or reject any or all submittals received in response to this RFQ, and to waive informalities and irregularities in the proposals received. City also reserves the right to terminate this RFQ, and reissue a subsequent solicitation, and/or remedy technical errors in the RFQ process.
- E. City will require the selected Respondent(s) to execute the contract in substantially the form with the City, prior to City Council award. No work shall commence until City signs the contract document(s) and Respondent(s) provides the necessary evidence of insurance as required in the Contract. Contract documents are not binding on City until approved by the City Attorney. In the event the parties cannot negotiate and execute a contract within the time specified, City reserves the right to terminate negotiations with the selected Respondent and commence negotiations with another Respondent.
- F. This RFQ does not commit City to enter into a Contract, award any services related to this RFQ, nor does it obligate City to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.
- G. Prior to the commencement of any work under an AGREEMENT with the City, **CONSULTANT** shall furnish an original completed Certificate of Insurance to **CITY's** Public Works Department and **CITY's** Risk Management Division, and shall be clearly labeled **"EMERGENCY OPERATIONS CENTER-PROGRAMMING & MASTER PLANNING SERVICES"**, which shall be completed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits, and termination provisions shown thereon, containing all required information referenced or indicated thereon. The original certificate must have the agent's original signature, including the signer's company affiliation, title and phone number, and be mailed directly from the agent to **CITY**. **CITY** shall have no duty to pay or perform under this AGREEMENT until such certificate shall have been delivered to **CITY's** Public Works Department and **CITY's** Risk Management Office, and no officer or employee shall have authority to waive this requirement.

CONSULTANT's financial integrity is of interest to **CITY**, therefore, subject to **CONSULTANT's** right to maintain reasonable deductibles in such amounts as are approved by **CITY**, **CONSULTANT** shall obtain and maintain in full force and effect for the duration of an **AGREEMENT** with the City, and any extension hereof, at **CONSULTANT's** sole expense, insurance coverage written on an occurrence basis, except for professional liability, by companies authorized, approved or admitted to do business in the State of Texas and rated A- or better by A.M. Best Company and/or otherwise acceptable to **CITY**, in the following types and amounts:

<u>TYPE</u>	<u>MINIMUM AMOUNTS</u>
1. Workers' Compensation	Statutory
2. Employers' Liability	\$500,000/\$500,000/\$500,000
3. Commercial General (public) Liability Insurance to include coverage for the following: a. Premises/Operations b. Independent Contractors c. Products/completed operations d. Personal Injury e. Contractual liability	<u>Combined Single Limit</u> for <u>Bodily Injury</u> and <u>Property Damage</u> of \$1,000,000 per; General Aggregate limit of \$2,000,000 occurrence or its equivalent in umbrella or excess liability coverage
4. Business Automobile Liability a. Owned/Leased Vehicles b. Non-Owned Vehicles c. Hired Vehicles	Combined Single Limit for Bodily Injury and Property Damage of \$1,000,000 per occurrence
5. Professional Liability (Claims made form)	\$1,000,000 per claim to pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages by reason of any negligent act, malpractice, error or omission in professional services.

CITY shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto as they apply to the limits required by **CITY**. **CONSULTANT** shall be required to comply with any such requests and shall submit a copy of the replacement certificate of insurance to **CITY** at the address herein within 10 days of the requested change.

CONSULTANT agrees that with respect to the above required insurance, all insurance contracts and Certificate(s) of Insurance will contain the following required provisions:

- Name **CITY** and its officers, employees, and elected representatives as additional insureds as respects operations and activities of, or on behalf of, the named insured performed under contract with **CITY**, with the exception of the workers' compensation and professional liability policies;
- Provide for an endorsement that the "other insurance" clause shall not apply to the City of San Antonio where **CITY** is an additional insured shown on the policy;
- Workers' compensation and employers' liability policy will provide a waiver of subrogation in favor of **CITY**.

When there is a cancellation, non-renewal or material change in coverage which is not made pursuant to a request by **CITY**, **CONSULTANT** shall notify **CITY** of such and shall give such notices not less than thirty (30) days prior to the change, if **CONSULTANT** knows of said change in advance, or ten (10) days notice after the change, if the **CONSULTANT** did not know of the change in advance. In the event of cancellation or non-renewal, such notice must be accompanied by a replacement Certificate of Insurance. All notices under this Article shall be given to **CITY** at the following addresses:

City of San Antonio	City of San Antonio
Public Works Department – Capital Programs	Risk Management
P.O. Box 839966	506 Dolorosa
San Antonio, Texas 78283-3966	San Antonio, Texas 78205

If **CONSULTANT** fails to maintain the aforementioned insurance, or fails to secure and maintain the aforementioned endorsements, **CITY** may obtain such insurance, and deduct and retain the amount of the premiums for such insurance from any sums due under the AGREEMENT; however, procuring of said insurance by **CITY** is an alternative to other remedies **CITY** may have, and is not the exclusive remedy for failure of **CONSULTANT** to maintain said insurance or secure such endorsement. In addition to any other remedies **CITY** may have upon **CONSULTANT**'s failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, **CITY** shall have the right to order **CONSULTANT** to stop work hereunder, and/or withhold any payment(s) which become due to **CONSULTANT** hereunder until **CONSULTANT** demonstrates compliance with the requirements hereof. A stop work order given to **CONSULTANT** by **CITY** in accordance with this Article shall not constitute a Suspension of Work pursuant to Article VIII, Section 8.7 of the AGREEMENT, a sample of which is available at <http://www.sanantonio.gov/capprog/RFQforms.asp>.

Nothing herein contained shall be construed as limiting in any way the extent to which **CONSULTANT** may be held responsible for payments of damages to persons or property resulting from **CONSULTANT**'s or its subcontractors' performance of the work covered under any AGREEMENT entered into by **CITY** and **CONSULTANT**.

It is agreed that **CONSULTANT's** insurance shall be deemed primary with respect to any insurance or self insurance carried by **CITY** of San Antonio for liability arising out of operations under any **AGREEMENT** entered into by **CITY** and **CONSULTANT**.

- H. Conflicts of Interest. Respondent acknowledges that it is informed that the Charter of the City of San Antonio and its Ethics Code prohibit a City officer or employee, as those terms are defined in the Ethics Code, from having a financial interest in any contract with City or any City agency such as City-owned utilities. An officer or employee has a "prohibited financial interest" in a contract with City or in the sale to City of land materials, supplies or service, if any of the following individual(s) or entities is a party to the contract or sale: the City officer or employee; his parent; child or spouse; a business entity in which he or his parent, child or spouse owns ten (10) percent or more of the voting stock or shares of the business entity, or ten (10) percent or more of the fair market value of the business entity; or a business entity in which any individual or entity above listed is a subcontractor on a City contract, a partner or a parent or subsidiary business entity.
- I. Independent Contractor. Respondent agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, is (are) and shall be deemed to be an independent contractor(s), responsible for its (their) respective acts or omissions, and that City shall in no way be responsible for Respondent's actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

ATTACHMENT 1

ENGINEER'S/ARCHITECT'S PROFESSIONAL SERVICE INTEREST STATEMENT

PROJECT NAME:

1. FIRM NAME:

ADDRESS:

TELEPHONE NO.:

(If Joint Venture or Partnership so state. List Prime firm/subfirm; state amount of work to be shared and area of work. Attach organizational chart.)

2. SIZE OF FIRM: (San Antonio Office only) List only permanent employees receiving benefits as of the last full quarter prior to this submittal. (Do not include temporary employees nor contracted labor.)

Professionals

Technicians or
Para-Professionals

Administrative

Minorities/
Women:

Other:

Total:

3. EQUIPMENT & FACILITIES: (List any special equipment or facilities available to do the required work accurately and expeditiously.)

4. PRINCIPAL IN CHARGE OF PROJECT: (State amount of time devoted to the project. List education, registration and experience.)

Interest Statement

5. ENGINEER/ARCHITECT TO BE IN CHARGE OF THIS PROJECT: (Give qualifications and experience for this type of work, to include education and registration.)

6. OTHER ENGINEERS/ARCHITECTS OR PARA-PROFESSIONALS TO BE INVOLVED IN THIS PROJECT: (List education, registration and experience as applicable.)

7. OTHER PROFESSIONALS WHO WILL BE INVOLVED IN THE DESIGN OF THIS PROJECT: (Give qualifications and brief experience. List subcontractors if applicable, their area of responsibility and experience.)

- 7A. List projects which reflect firm's prior cooperative efforts.

8. GIVE A BRIEF DESCRIPTION OF FIRM'S QUALIFICATIONS: (Be specific for area of work involved in this project. Also include dates and facility owner/representative for reference discussions.)

9. FIRM'S AVAILABILITY: (When can firm start work? Is there any concurrent commitment that would impede progress on this project, i.e. other jobs?)

CAN YOU MEET THE PROPOSED TIME SCHEDULE FOR DESIGN OF THIS PROJECT?

_____YES

_____NO

Interest Statement

In questions 10-15 please refer to the definitions on the attached definition sheet in order to answer the questions properly.

10. ARE YOU A SMALL BUSINESS ENTERPRISE? (SBE)
(IF YES, INDICATE BELOW)

_____ YES _____ NO

11. DO YOU OR YOUR TEAM QUALIFY AS A MINORITY BUSINESS ENTERPRISE?

_____ YES _____ NO
(IF YES, INDICATE BELOW)

IF YES: CERTIFICATION NO. _____

_____ BLACK
_____ AMERICAN INDIAN OR ALASKAN NATIVE
_____ ASIAN OR PACIFIC ISLANDER
_____ HISPANIC
_____ TWO OR MORE DIFFERENT MINORITY GROUPS

12. ARE YOU CERTIFIED BY THE SOUTH CENTRAL TEXAS REGIONAL
CERTIFICATION AGENCY (SCTRCA) AS A WOMEN-OWNED BUSINESS
ENTERPRISE? (WBE)

_____ YES _____ NO

IF YES: CERTIFICATION NO. _____

13. ARE YOU CERTIFIED BY THE SCTRCA AS A DISADVANTAGED BUSINESS
ENTERPRISE? (DBE)

_____ YES _____ NO

IF YES: CERTIFICATE NO. _____

Interest Statement

14. IF YES TO ANY OF THE QUESTIONS 10-13, LIST OWNERS AND PERCENTAGE OF OWNERSHIP: IF JOINT VENTURE INCLUDES A CERTIFIED MBE OR WBE INDICATE PERCENTAGE TO WHICH THE CERTIFIED MBE OR WBE MEMBER WILL PARTICIPATE:

_____ %

WBE CERTIFICATE NO. _____

_____ %

DBE CERTIFICATE NO. _____

15. PLEASE INDICATE THE TOTAL NUMBER OF EMPLOYEES IN YOUR FIRM.

16. ARE YOU A LOCAL BUSINESS ENTERPRISE HEADQUARTERED WITHIN BEXAR COUNTY?

_____ YES

_____ NO

ARE YOU A LOCAL BUSINESS HEADQUARTERED WITHIN THE CORPORATE SAN ANTONIO CITY LIMITS?

_____ YES

_____ NO

17. IF YES TO QUESTION 16, FOR WHAT PERIOD OF TIME HAS THE OFFICE BEEN HEADQUARTERED IN THIS AREA?

_____ YEARS

_____ MONTHS

18. IF NO TO QUESTION 16, DO YOU HAVE A BRANCH OFFICE LOCATED WITHIN BEXAR COUNTY?

_____ YES

_____ NO

19. IF YES TO QUESTION 18, FOR WHAT PERIOD OF TIME HAS THE BRANCH OFFICE BEEN LOCATED IN THIS AREA?

_____ YEARS

_____ MONTHS

PLEASE INDICATE THE TOTAL NUMBER OF BEXAR COUNTY RESIDENTS EMPLOYED AT THE BRANCH OFFICE. _____

Interest Statement

20. PAST CLIENT REFERENCES:

MUNICIPAL REFERENCES:

21. HAVE YOU BEEN INVOLVED IN LITIGATION OR FILED A CLAIM OR LAWSUIT WITHIN THE PAST FIVE (5) YEARS? ARE THERE ANY JUDGMENTS, CLAIMS OR SUITS PENDING OR OUTSTANDING AGAINST YOUR ORGANIZATION OR ITS OFFICERS?
IF SO, WHAT WAS/IS THE RESULT/OUTCOME?

22. SPECIAL CONSIDERATION: (EXTRAORDINARY CAPABILITIES):
FAMILIARITY WITH RULES, REGULATIONS, DESIGN CRITERIA, ETC. OF:

FAA	-	FEDERAL AVIATION ADMINISTRATION
EPA	-	ENVIRONMENTAL PROTECTION AGENCY
UDAG	-	URBAN DEVELOPMENT BLOCK GRANTS
CDBG	-	COMMUNITY DEVELOPMENT BLOCK GRANTS
OTHER	-	AS APPLICABLE TO THIS PROJECT

23. OTHER COMMENTS:

24. INDICATE CONTACT PERSON WHOM THE CITY CAN CALL UPON CONCERNING YOUR PROPOSAL OR SETTING DATES FOR MEETINGS:

NAME:

ADDRESS:

TELEPHONE NO.:

NOTE: All submissions relative to this Interest Statement shall become the property of the City of San Antonio and are non-returnable.

This RFQ does not commit the City to enter into a contract or provide reimbursement of any costs associated with this overall selection process. Final approval of professional services contract is subject to City Council approval. Any and all information/charts/graphs, etc. produced as a result of this service (if selected) shall be the exclusive property of the City without restriction on usage.

Interest Statement

Any and all costs associated with the preparation of any report or proposal in response to this RFQ shall be borne by the respondent.

Respondent acknowledges that all information submitted will be retained by City and is subject to the Open Records Act.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Principal

Date: _____

ATTACHMENT 2

GOOD FAITH EFFORT PLAN

NAME OF COMPANY: _____

PROJECT NAME: _____

1. Indicate all MBE-WBE-AABE-SBE subcontractors proposed for this contract. (Use additional sheets as needed.)

[illegible]

NOTE: If MBE-WBE-AABE-SBE contracting goals were met, skip to #9.

Good Faith Effort Plan

2. If MBE-WBE-AABE-SBE contracting goals were not achieved in a percentage that equals or exceeds the City's goals, please give explanation.

3. List all MBE-WBE-AABE-SBE Listings or Directories utilized to solicit participation.

4. List all contractor associations and other associations solicited for MBE-WBE-AABE-SBE referrals.

5. Discuss all efforts aimed at utilizing MBE-WBE-AABE-SBEs.

6. Indicate advertisement mediums used for soliciting bids from MBE-WBE-AABE-SBE s.

Good Faith Effort Plan

7. List all MBE-WBE-AABE-SBE bids received but rejected. (Use additional sheets as needed.)

COMPANY NAME	MBE-WBE-AABE-SBE CERTIFICATION NUMBER	HUE (Y/N)	REASON FOR REJECTION

8. Please attach a copy of your company's MBE-WBE-AABE-SBE policy.

9. Name and phone number of person appointed to coordinate and administer the Good Faith Efforts of your company on this project.

10. This Good Faith Effort Plan is subject to the Economic Development Department's approval.

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE OF OFFICIAL

DATE PHONE

FOR CITY USE

Plan Reviewed By: _____

Recommendation: Approval _____ Denial _____

Action Taken: Approved _____ Denied _____

DIRECTOR OF ECONOMIC DEVELOPMENT

ATTACHMENT 3
City of San Antonio
Discretionary Contracts Disclosure*

*For use of this form, see City of San Antonio Ethics Code, Part D, Sections 1&2
Attach additional sheets if space provided is not sufficient.
State "Not Applicable" for questions that do not apply.*

* This form is required to be supplemented in the event there is any change in the information under (1), (2), or (3) below, before the discretionary contract is the subject of council action, and no later than five (5) business days after any change about which information is required to be filed.

Disclosure of Parties, Owners, and Closely Related Persons

For the purpose of assisting the City in the enforcement of provisions contained in the City Charter and the Code of Ethics, an individual or business entity seeking a discretionary contract from the City is required to disclose in connection with a proposal for a discretionary contract:

(1) the identity of any **individual** who would be a party to the discretionary contract:

(2) the identity of any **business entity**¹ that would be a party to the discretionary contract:

and the name of:

(A) any individual or business entity that would be a **subcontractor** on the discretionary contract;

and the name of:

(B) any individual or business entity that is known to be a **partner**, or a **parent** or **subsidiary** business entity, of any individual or business entity who would be a party to the discretionary contract;

¹ A *business entity* means a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, unincorporated association, or any other entity recognized by law.

Discretionary Contracts Disclosure

- (3) the identity of any *lobbyist* or *public relations firm* employed for purposes relating to the discretionary contract being sought by any individual or business entity who would be a party to the discretionary contract.

--

Political Contributions

Any individual or business entity seeking a discretionary contract from the city must disclose in connection with a proposal for a discretionary contract all political contributions totaling one hundred dollars (\$100) or more within the past twenty-four (24) months made directly or indirectly to any *current* or *former member* of City Council, any *candidate* for City Council, or to any *political action committee* that contributes to City Council elections, by any individual or business entity whose identity must be disclosed under (1), (2) or (3) above. Indirect contributions by an individual include, but are not limited to, contributions made by the individual's spouse, whether statutory or common-law. Indirect contributions by an entity include, but are not limited to, contributions made through the officers, owners, attorneys, or registered lobbyists of the entity.

To Whom Made:	Amount:	Date of Contribution:

Disclosures in Proposals

Any individual or business entity seeking a discretionary contract with the city shall disclose any known facts which, reasonably understood, raise a question² as to whether any city official or employee would violate Section 1 of Part B, Improper Economic Benefit, by participating in official action relating to the discretionary contract.

Signature:	Title: Company:	Date:

² For purposes of this rule, facts are "reasonably understood" to "raise a question" about the appropriateness of official action if a disinterested person would conclude that the facts, if true, require recusal or require careful consideration of whether or not recusal is required.

ATTACHMENT 4

LITIGATION DISCLOSURE

Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Circle One

YES

NO

2. Have you or any member of your Firm or Team been terminated (for cause or otherwise) from any work being performed for the City of San Antonio or any other Federal, State or Local Government, or Private Entity?

Circle One

YES

NO

3. Have you or any member of your Firm or Team been involved in any claim or litigation with the City of San Antonio or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Circle One

YES

NO

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

Company Name: _____

Signature of Principal:

Printed Name of Principal:

Title of Principal



SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

Your unified certification source

Certification Program Intent

Thank you for your interest in becoming certified with the South Central Texas Regional Certification Agency (SCTRCA). Certification with the SCTRCA will allow your company to sell its product or service as an eligible Small, Minority, Women Business Enterprise to public and private member entities or as a Disadvantaged Business Enterprise to Federal Transportation or Aviation funded entities participating in the SCTRCA. The SCTRCA is responsible for the certification process for these entities with a role to ensure that only firms meeting the eligibility criteria of the program participate as SBEs, MBEs, WBEs or DBEs.

Certification Program Eligibility

A firm must be independent and for-profit owned by a majority of U.S. Citizens or legally permanent residents. SCTRCA D/M/WBE standards are based on Title 49 CFR, Part 26; in accordance with U.S. Department of Transportation, Federal Transportation Administration and Federal Aviation Administration.

SBE Certification- Complete Certification Affidavit Sections 1 and 3

A firm that meets small business size standards as defined in the Small Business Administration (SBA) regulations, 13 CFR Part 121 and has annual average gross receipts or number of employees that do not exceed the cap average specified in 49 CFR Part 26 §26.65.

M/WBE Certification-Complete Certification Affidavit Sections 1, 2, and 3 with supporting documentation

A firm that is at least 51 percent owned and controlled by one or more minority or women individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more minority and/or woman individuals, and whose management and daily business operations are controlled as defined herein, by one or more of the minority or women individuals who own it. Minorities include Black, Hispanic, Asian Pacific, Asian Indian, and Native Americans.

DBE Certification- Complete Certification Affidavit Sections 1, 2, 3 and 4 with supporting documentation

A firm that is at least 51 percent owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals; and whose management and daily business operations are controlled as defined herein, by one or more of the socially and economically disadvantaged individuals who own it; and which meets the size standards of 13 CFR Part 121; does not exceed the cap average specified in 49 CFR Part 26 §26.65; meets PNW requirements specified in 49 CFR Part 26 §26.67; and other relevant regulations.

Conditions of Application

THE EFFECTIVE DATE OF THE APPLICATION is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

IT IS THE FULL RESPONSIBILITY OF THE APPLICANT to provide the SCTRCA with the most complete overview and details to demonstrate that his or her business meets the criteria as set forth by the SCTRCA, and to cooperate by making him/herself and documents available in a timely manner.

THE SCTRCA RESERVES THE RIGHT to require further information from the applicant prior to or during the certification process.

SUBMISSION OF THIS APPLICATION AND APPROPRIATE DOCUMENTS INDICATES that applicant understands and accepts the conditions of this application for participation in the SCTRCA certification program.

DISADVANTAGED, MINORITY AND WOMAN BUSINESS ENTERPRISES

IT IS ESSENTIAL THAT the following documents, as applicable, accompany this application form. **NOTE: IF ANY OF THE ITEMS DO NOT APPLY** to your firm, please explain on a separate sheet. The effective date of the application is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

A. ALL APPLICANTS must submit with attached affidavit:

- **Proof of citizenship / ethnicity status**
(Birth Certificate, U.S. Passport, Alien Resident Card, Certificate of Naturalization, Tribal Card , or I.D. card indicating membership into one of the presumptive groups, etc.)
- **Certificate to do business** (Assumed Name certificate, Partnership Agreement [including buy/out rights and profit sharing] Articles of Incorporation,)

B. ALL DBE APPLICANTS must also include with attached affidavit:

- Federal tax returns for the firm's three previous years
- Copy of bank signature card(s)
- Copy of rental or lease agreement
- List of 3 to 5 contracts/work orders completed/or received
- Current Personal Net Worth statement

FOR A CORPORATION; ADD:

- Certificate of incorporation
- Copy of corporate by-laws
- Copy of first and last corporate meeting minutes, and any minutes that affect ownership
- Copy of stock transfer ledger and stock register
- Copy of all issued and voided stock certificates (front and back)
- Proof of stock purchase/purchase options

DBE EXCEPTIONS:

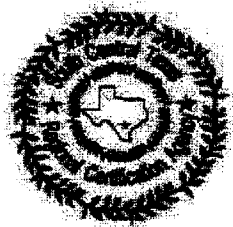
A DBE firm with a **CURRENT** Texas D.O.T., City of Houston, Capital Metropolitan Transit Authority, Corpus Christi Regional Transit Authority, North Central Texas Regional Certification Agency, or Small Business Administration Section 8(a), or Small Disadvantaged Business certification;

Submit Only:

- Notarized Certification Affidavit
- Current certification letter
- Federal tax returns for the firm's previous year
- Letter indicating changes in ownership and/or management in your firm's last year of business
- Personal Net Worth statement (DBEs only)

DISCLOSURE POLICY:

THE SCTRCA MUST SAFEGUARD FROM DISCLOSURE TO UNAUTHORIZED PERSONS INFORMATION GATHERED AS PART OF THE CERTIFICATION PROCESS THAT MAY REASONABLY BE REGARDED AS PROPRIETARY OR OTHER CONFIDENTIAL INFORMATION, CONSISTENT WITH APPLICABLE FEDERAL AND STATE LAW.



Your unified certification source

CERTIFICATION AFFIDAVIT

SECTION -1: GENERAL INFORMATION

1. a. Business name : _____
b. Doing business as (if different): _____
c. Physical Address (Main Office): _____
Street Name / No. / City / State / Zip / County
d. Mailing Address (if different): _____
Street Name / P.O. Box No. / City / State / Zip / County
e. Phone: _____ Fax: _____
f. E-mail: _____ WEB: _____
g. Is this business organized for profit? ☐ Yes ☐ No
2. Owner's or Majority Owner's Full Name/Title/Sex/Race: _____
3. Tax Identification Number or Owner's Social Security Number (For Proprietors): _____

4. Indicate if this firm has ever received or been denied certification or participation as a D/M/WBE. Indicate the name of the certifying authority and the date of such certification or denial. **PLEASE ATTACH PROOF OF CERTIFICATION.**

Certifying Authority	Expire Date	Certification Yes/No	Reason Denied

5. Business Structure:
☐ Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation
☐ Limited Liability Corporation ☐ Franchise (provide copy of franchise agreement)
☐ Subsidiary- Name of parent company: _____

6. Identify your major products/services offered (PROVIDE A SPECIFIC DESCRIPTION):

a. Provide six-digit NAICS or four-digit SIC code. (www.sctrca.org)

7. Date Company Established: ____/____/____ Date Incorporated: ____/____/____

8. Does your firm share any resource(s) (office facilities, storage space, equipment or personnel) with any other firms or individuals? (Provide copy of rental or lease agreement only if applicable):

No ☐ Yes ☐ Explain: _____

9. What are the gross receipts of the firm for each of the last three years?

Year Ending	Dollar Gross Receipts	Number of Employees (Specify if Full, Part Time or Contract)

10. Name of Bonding Company (IF APPLICABLE): _____

Bonding Limit: _____

Source of Letters of Credit, if any: _____

11. Are you authorized to do business in the State as well as locally? (IF, YES PLEASE PROVIDE COPY(IES) WITH APPLICATION)

Yes ☐ No ☐

12. Company is applying for certification as a:

____ Small Business Enterprise (SBE) (Complete Sections 1 and 3)

____ Minority Business Enterprise (MBE) (Complete Sections 1, 2 and 3)

____ Woman Business Enterprise (WBE) (Complete Sections 1, 2 and 3)

____ Disadvantaged Business Enterprise (DBE) (Complete Sections 1, 2, 3 and 4)

____ Not requesting Certification, please add to general directory
(Complete Section 1)

SECTION -2: OWNERSHIP AND CONTROL

Race/Ethnic Codes: W-White/Caucasian B-Black/African American S-Hispanic American A-Asian Pacific American
O-Sub-Continent Asian American I-Native American Y-Disabled Individual

13. Please identify the firms' ownership:

	Name	Race/ Ethnicity	Sex	Years of Ownership	Ownership Percentage	Wkly Hours Worked	U.S. Citizen
A							
B							
C							

14. Date you acquired majority ownership of company: _____

15. Have there been any transfers in stock/ownership from a non-minority owner to a minority/female owner since company started? () No () Yes

Date of transfer: _____

Reason for transfer: _____

16. How was business started or acquired? List the initial contribution of money, financing source, equipment, real estate and type/years of expertise used to start business for each of the owners.

(Attach supportive documents e.g. loan agreements, initial bank statements, C.D.'s):

	Money (Dollars)	Financing Source	Equipment (Dollars)	Real Estate (Dollars)	Type/Years of Expertise
A					
B					
C					

17. Identify by name, race/ethnicity, sex and title of those individuals in the firm (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including, but not limited to those with prime responsibility for:

Area	Name	Race/ Ethnicity	Sex	Title
Financial Decisions				
Management Decisions				
Estimating				
Hiring/Firing of Management Personnel				
Purchasing of Major Items/Supplies				
Supervision of Field Operations				
Signing of Contracts				

18. For each of those listed in Question 13 and 16, on a separate sheet provide a business summary (or Resume) indicating number of years with the firm and the person's qualifications and education for assigned responsibilities.

19. List officers and directors of corporation.

Name/Title	Ethnicity	Sex	Years w/ company

20. Please list company and/or client reference below:

Company	Contact Person	Title	Telephone

21. List other businesses in which owner(s) has at least 10% ownership or owned as a majority stockholder:

Owner	Company	Title

22. Provide name of licensed individual(s) and type of license necessary for business (Submit copies of license(s) with application):

Name of License Holder	Type of License/Permit	No./Expiration

23. List and specify major office and field equipment leased.

24. Where is equipment located? _____

25. List sources of equipment rental/leases. _____

26. Suppliers only: What is the dollar value of your inventory: \$ _____
(Provide copies of written Manufacturers/Distributorship Agreements.)

27. Identify any owner or management official of the firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the firm: _____

28. Does your firm have an agreement with any other business or person which relates to management or operation of your business? () No () Yes, please name and identify and attach a copy of any written agreement and/or explanation of any oral or intended agreement. (These include management, joint venture agreements and any other arrangements or contracts involving the provision services, management consulting, purchasing and production assistance).

AFFIDAVIT

The undersigned swears that the foregoing statements, including the Personal Net Worth statement (if applicable), are true and correct and include all material information necessary to identify and explain the operation of (Name of Firm)

as well as the ownership thereof.

Further, the undersigned agrees to permit the SCTRCA and/or U.S. Department of Transportation (DOT) as part of this certification process and thereafter to interview owners, principals, and officers and employees and to audit and examine books, records and files of the above firm. Failure to comply with this provision could result in decertification or certification denial. Furthermore, any other public entities that are part of this agency reserve the right to reevaluate a firm's eligibility for certification.

If at any time DOT or the SCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made a false statement, the SCTRCA may refer the matter to General Counsel of the DOT or take other action pursuant to law. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.602 and/or refer the matter to the Department of Justice under 18 U.S.C. 1001 as the General Counsel deems appropriate.

The burden of proof of control and management of the business is on the applicant. The SCTRCA reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. Failure to *cooperate* and/or provide requested information within the time specified is grounds for termination in the processing of your application for certification.

Name

Signature of Majority Owner

Title

Date

Corporate Seal (Where appropriate)

Date: _____ State of: _____ County of: _____

On this _____ day of _____ (Month) _____ (Year), before me appeared (Name) _____ to me personally known,

who being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as

his or her own free act/deed.

(Seal)

Notary Public

Commission Expires

ATTACHMENT 6

SIGNATURE PAGE

“✓” Check box that indicates business structure of Respondent

- ☐ Individual or Proprietorship
- ☐ Partnership or Joint Venture
- ☐ Corporation

The undersigned certifies that (s)he is _____ (title) of the Respondent entity named below; that (s)he is designated to sign this Signature Page (if a Corporation then by resolution with Certified Copy of resolution attached) for and on behalf of the entity named below, and that (s)he is authorized to execute same for and on behalf of and bind said entity to the terms and conditions required by this RFQ, and has the requisite authority to execute an Agreement on behalf of Respondent, if awarded, and that the 11-digit Texas Comptroller's Taxpayer Number (or 9-digit Internal Revenue Service Taxpayer Number) for the entity is:

11-digit Texas Comptroller's Taxpayer Number (or 9-digit Internal Revenue Service Taxpayer Number)

Respondent Organization Name (DBA also required if Individual or Proprietorship)

By: _____

By: _____
(If Respondent is a Joint Venture, an authorized signature from a representative of each party is required)

Employer Identification Number

By signature above, Respondent agrees to the following:

1. If awarded a contract in response to this RFQ, Respondent will be able and willing to execute a contract in the form shown in the City's website at www.sanantonio.gov/capprog/RFQforms.asp, with the understanding that the scope and compensation provisions will be negotiated and included in the final document.
2. If awarded a contract in response to this RFQ, Respondent will be able and willing to comply with the insurance and indemnification requirements in Section VIII.
3. If awarded a contract in response to this RFQ, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's submittal and during selection process.
4. Respondent has fully and truthfully submitted a Litigation Disclosure form with the understanding that failure to disclose the required information may result in disqualification of proposal from consideration.

ATTACHMENT 7

SUBMITTAL CHECKLIST

This checklist is to help the Respondent ensure that all required documents have been included in its submittal.

Document	Check or Initial to Indicate Document is Attached to Submittal
*Interest Statement	
*Good Faith Effort Plan	
*Discretionary Contracts Disclosure Statement	
*Litigation Disclosure Statement	
*South Central Texas Regional Certification Agency Certification Affidavit (if applicable)	
*Signature Page	
Submittal Checklist	
12 Copies of Submittal (1 with original signatures)	

***Documents marked with an asterisk on this checklist require a signature. Be sure they are signed prior to submittal. Otherwise, your submission may be declared non-responsive.**

ATTACHMENT 8

SMALL BUSINESS ECONOMIC DEVELOPMENT ADVOCACY (SBEDA)

For Use with Contracts Over \$200,000

1. **Small Business Participation**

Pursuant to Ordinance No. 96754, it is the policy of the City of San Antonio to involve Small, Minority, Women and African-American Owned Business Enterprises (S/M/W/AABE) to the greatest extent feasible in the City's discretionary contracts. The intent and purpose of the policy is to ensure that S/M/W/AABE firms have the opportunity to compete for City contracts without discrimination on the basis of race, color, religion, national origin, age, sex or handicap. To accomplish the objectives of the SBEDA policy, the City has established specific goals for local S/M/W/AABE participation in this contract.

2. **DEFINITIONS** related to the Small Business Economic Development Advocacy Provisions:

- a. **SBEDA Program:** Small Business Economic Development Advocacy Program designed to promote the utilization and participation of Local, Minority, Women, and African-American Owned Business Enterprises in City sponsored contract opportunities.
- b. **Small Business Enterprises (SBE):** a corporation, partnership, sole proprietorship or other legal entity, for the purpose of making a profit, which is independently owned and operated and which meets the U.S. Small Business Administration (SBA) size standard for small business. All firms meeting this threshold will be considered an SBE.
- c. **Local Business Enterprise (LBE):** a corporation, partnership, sole proprietorship, or other legal entity for the purpose of making a profit, which is headquartered within Bexar County for at least one year. For a branch office of a non-headquartered business to qualify as an LBE, the branch office must be located in Bexar County for at least one-year and employ a minimum of ten (10) residents of Bexar County or employ Bexar County residents for at least twenty-five (25%) of the entire company workforce for use at the local branch office.
- d. **Minority Business Enterprise (MBE):** a sole proprietorship, partnership, or corporation owned, operated, and controlled by a minority group member(s) who has at least 51% ownership. The minority group member(s) must have operational and managerial control, interest in capital, expertise and earnings commensurate with the percentage of ownership and be legal residents or citizens of the United States or its territories. To qualify as an MBE, the enterprise shall be headquartered in Bexar County for any length of time, or shall be doing business in a locality or localities from which the City regularly

solicits, or receives bids on or proposals for, City contracts within the MBES's category of contracting for at least one year.

- e. **Woman Business Enterprise (WBE):** a sole proprietorship, partnership, or corporation owned, operated and controlled by women who have at least 51% ownership. The woman or women must have operational and managerial control, interest in capital, expertise and earnings commensurate with the percentage of ownership and be legal residents or citizens of the United States or its territories. To qualify as a WBE, the enterprise shall be headquartered in Bexar County for any length of time or shall be doing business in a locality or localities from which the City regularly solicits or receives bids on or proposals for, City contracts within the WBE's category of contracting for at least one year.
 - f. **African-American Business Enterprise (AABE):** a sole proprietorship, partnership, or corporation owned, operated and controlled by an African-American group member(s) who has at least 51% ownership. The African American Group member(s) must have operational and managerial control, interest in capital, expertise and earnings commensurate with the percentage of ownership and be legal residents or citizens of the United States or its territories. To qualify as an AABE, the enterprise shall be headquartered in Bexar County for any length of time or shall be doing business in a locality or localities from which the City regularly solicits, or receives bids on or proposals for, City contracts within the AABE's category of contracting for at least one year.
3. **Goals for Small Business Participation**
The goals for the utilization and participation of SBE-MBE-WBE-AABE businesses on this contract are as follows:

MBE	31%
WBE	10%
AABE	2.2%
SBE	50%

Please note that a small business could be classified in multiple categories and thus their utilization could in theory be counted in each category of goals. For example, **Prime Contractor X** submits a proposal, which specifies that they intend to subcontract with Subcontractor A for 10% of the contract. Subcontractor A is certified by the City as an SBE and MBE (a male-owned Hispanic Business owner can be certified as an SBE and MBE). **Prime Contractor X** also intends to subcontract with Subcontractor B for 13% of the contract. Subcontractor B is certified by the City as SBE, MBE and a WBE (a female-owned Hispanic Business owner can be certified as SBE, MBE and

WBE). In addition, **Prime Contractor X** also intends to subcontract 10% of the contract to Subcontractor C—a City certified SBE and AABE (a male-owned African-American business owner can be certified as both a MBE and as a AABE Business). **Prime Contractor X** is also classified as a local SBE. **Prime Contractor X's** compliance with the SBEDA goals under this scenario would be as follows:

	City's SBEDA Goals	Prime Contractor X's Compliance
MBE	31%	33%
WBE	10%	13%
AABE	2.2%	10%
SBE	50%	100%

Under this scenario, the contractor would be in full compliance with the SBEDA policy.

Another example regarding compliance with the policy is as follows: **Prime Contractor Y** submits a proposal, which specifies that they intend to partner through a joint-venture agreement with Company D. Company D is certified by the City as both an SBE and MBE (a male-owned Hispanic Business—certified as an SBE and MBE). As part of their joint-venture agreement, Company A will perform on 32.5% of the contract. **Prime Contractor Y** also intends to subcontract 13% of the contract with Subcontractor F. Subcontractor F is a City certified SBE/MBE/WBE and AABE business. **Prime Contractor Y** is also classified as a local SBE.

Prime Contractor Y compliance with the SBEDA goals would be as follows:

	City's SBEDA Goals	Prime Contractor X's Compliance
MBE	31%	45.5%
WBE	10%	13%
AABE	2.2%	13%
SBE	50%	100%

Under this scenario, the contractor would be in full compliance with the SBEDA policy.

4. **Good Faith Effort Required**

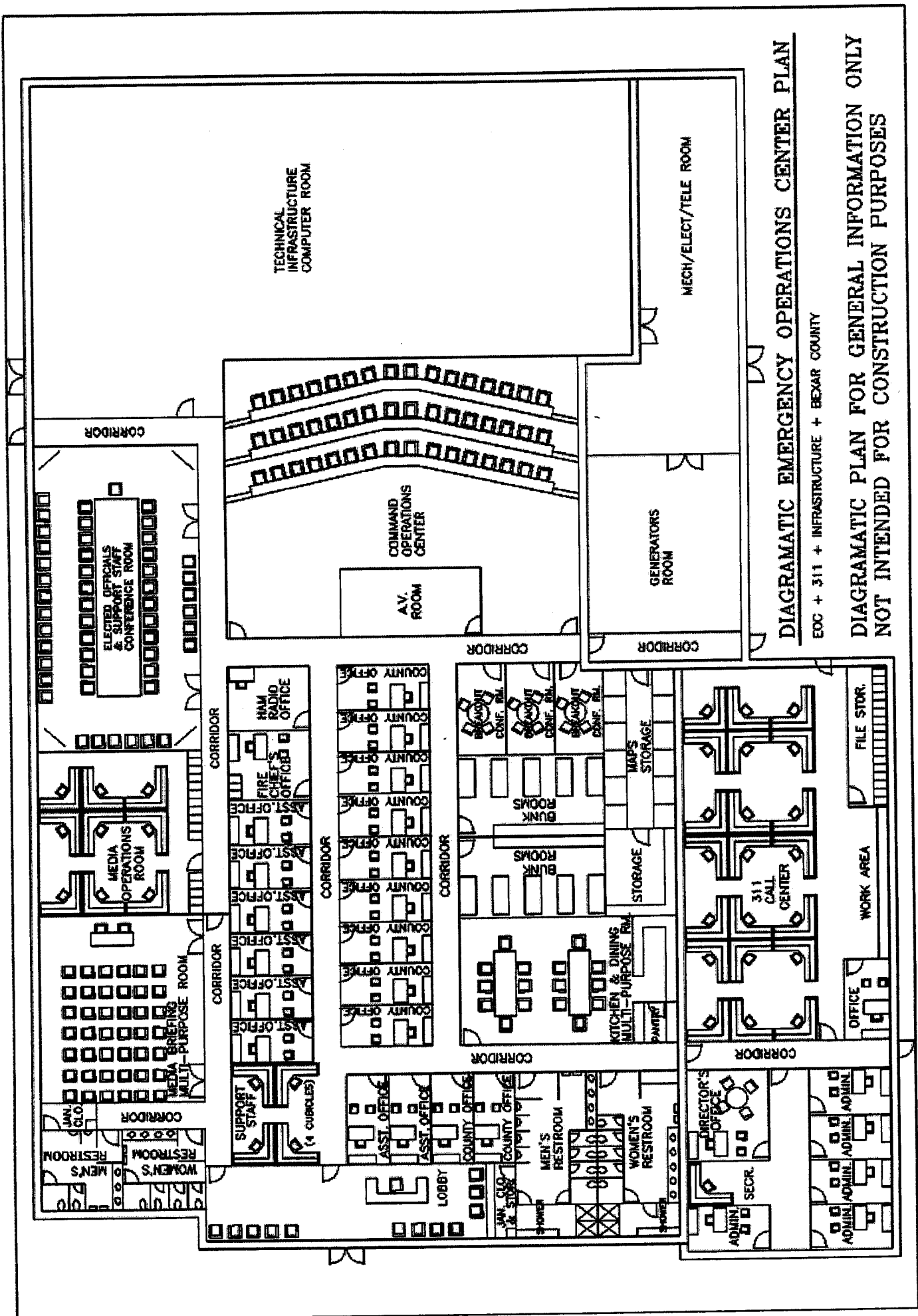
Proposals shall include a Good Faith Effort Plan (GFEP—ATTACHED). The GFEP shall include specific documentation to utilize local, small, MBE-WBE-AABE businesses in a percentage, which equals or exceeds the above goals. **Any proposal that does not include the GFEP and does not receive approval of the GFEP by the Economic Development Department shall be declared non-responsive, and excluded from consideration.**

5. **MBE-WBE-AABE Certification Required**

Only companies certified as MBE, WBE, or AABE through the South Central Texas Regional Certification Agency (SCTRCA), or as approved by the City of San Antonio Director of Economic Development, can be applied towards the contracting goals. Proof of certification must be submitted.

6. **SBEDA Information**

Interested contractors/proposers are encouraged to contact the Small Business Outreach Office for information regarding the City's SBEDA Policy. Please call (210) 207-3915 or FAX: (210) 207-8151.



DIAGRAMATIC EMERGENCY OPERATIONS CENTER PLAN

EOC + 311 + INFRASTRUCTURE + BEXAR COUNTY

DIAGRAMATIC PLAN FOR GENERAL INFORMATION ONLY
NOT INTENDED FOR CONSTRUCTION PURPOSES

ATTACHMENT 10

EMERGENCY OPERATIONS CENTER FOR GENERAL INFORMATION ONLY NOT INTENDED FOR CONSTRUCTION PURPOSES		
ROOM NAME	SIZE	NET SF AREA
LOBBY	14' x 34.5'	480
LOBBY RESTROOMS	15' x 30'	
EOC RESTROOMS	30' x 31.5'	
JANITOR CLOSETS	10' x 12'	
MEDIA BRIEFING / MULTI - PURPOSE RM.	30' x 34.5'	
MEDIA OPERATIONS ROOM	30' x 30'	
ELECTED OFFICIALS & STAFF CONFERENCE ROOM	30' x 56'	1,680
COMMAND OPERATIONS ROOM	41' x 65'	2,665
TECH. INFRASTRUCTURE COMPUTER ROOM	60' x 100'	
KITCHEN & DINING / MULTI - PURPOSE ROOM	23.5' x 45'	
OFFICES FOR 8 ASSISTANTS (120 SF EA.)	20' x 24'	
MAPS STORAGE	18' x 30.5'	
BUNK ROOMS (2 TOTAL)	27' x 27.5'	
BREAKOUT ROOMS (3 TOTAL)	17' x 27'	
STORAGE ROOM	15.5' x 18'	
FIRE CHIEF'S OFFICE	13' x 16'	
4 CUBICLES (8' x 8')	16' x 20'	
HAM RADIO OFFICE	15' x 16.5'	
MECH. / ELECT. / TELE. ROOM	27.5' x 68'	
GENERATORS ROOM (3 TOTAL)	27.5' x 33'	900
TOTAL BUILDING NET SQ. FT.		20,430
MULTIPLIER (I.E. INTERIOR / EXTERIOR WALLS & EXIT CORRIDORS)		
TOTAL BUILDING GROSS SQ. FT.		

311 CALL CENTER		
ROOM NAME	SIZE	NET SF AREA
311 CALL CENTER	35' x 107.5'	1,950
TOTAL 311 CALL CENTER NET SQ. FT.		1,950
MULTIPLIER (I.E. INTERIOR / EXTERIOR WALLS & EXIT CORRIDORS)		x 1.4
TOTAL BUILDING GROSS SQ. FT.		2,730